

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10.587499

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓	/				
2		/				
3		/				
4		/				
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12		/				
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14		/				
15		/				
16	1	/				
17		/				
18		/				
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25		/				
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28		/				
29		/				
30		/				
31	1	/				
32		/				
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39		/				
40		/				
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42		/				
43		/				
44	1	/				
45		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	54	←		←		←
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						